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PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.

First Inventor

Rogers et. al.

Title

Hydroxy Acid Integrin Antagonists

Express Mail Label No.

Et082248803US

| (Only for ne | ew nonprovisional applications under 37 CFR 1.53(b)) | Express | Mail Label No. | E | t082248803US | |
|--|---|------------------------------|---|--|--|-----------------|
| | APPLICATION ELEMENTS | | | Aggiet | ant Commissioner for Paten | ूड |
| See MPE | P chapter 600 concerning utility patent application | contents | ADDI | RESS TO: Box Pa | atent Application | 92.0 |
| | Fee Transmittal Form (e.g., PTO/SB/17) | 0011101110. | - [] cp | | ngton, D.C. 20231 | -u- |
| | (Submit an original, and a duplicate for fee process | sing) | 7. CD- | nputer Program <i>(A</i> | duplicate, large table or Appendix) | |
| | Applicant claims small entity status. See 37 CFR 1.27. | | | and/or Amino Acid , all necessary) | d Sequence Submissio | n |
| | Specification [Total Pages [(preferred arrangement set forth below) | 92] | a | Computer Read | lable Form (CRF) | |
| - | Descriptive title of the invention | | b. Spe | cification Sequenc | ce Listing on: | |
| - | Cross Reference to Related Applications | _ | i | . CD-ROM o | or CD-R (2 copies); or | |
| | Statement Regarding Fed sponsored R & Reference to sequence listing, a table, | D | ii | . paper | | |
| | or a computer program listing appendix | | | 7 | | |
| | Background of the Invention | | c | Statements ven | ifying identity of above | copies |
| | Brief Summary of the Invention Brief Description of the Drawings (if filed) | | ACCO | MPANYING AF | PPLICATION PAR | TS |
| | Detailed Description | | 9. Assid | gnment Papers (co | over sheet & document | (s)) |
| | · Claim(s) · Abstract of the Disclosure | | 10 37 C | FR 3.73(b) Statem | nent Rower of | ` '' |
| | _ | | 1 — ` | v | cument (if applicable) | |
| 4. | Drawing(s) (35 U.S.C. 113) [Total Sheets |] | l lnfor | mation Disclosure | | IDS |
| | | | 12. State | ement (IDS)/PTO-1 | 1449 Citations | .00 |
| | Declaration [Total Pages |]] | 13. Preli | minary Amendmer | nt | |
| a. | Newly executed (original or copy) | | 14. Retu | rn Receipt Postcai | rd (MPEP 503) | |
| b. | Copy from a prior application (37 C | FR 1.63(d)) | (Snot | ıld be specifically iten | | |
| ٥. | (for continuation/divisional with Box 18 co | | | fied Copy of Priorit eign priority is claimed | | |
| | i. DELETION OF INVENTOR(| | 16 Requ | est and Certificati | on under 35 U.S.C. 12: | |
| | Signed statement attached delet named in the prior application, se | |) [[[] ([])([2] |)(B)(i). Applicant r equivalent. | must attach form PTO/ | SB/35 |
| . — . | 1.63(d)(2) and 1.33(b). | | 17. Othe | ·· | | |
| <u> </u> | Application Data Sheet. See 37 CFR 1.76 | | | | | |
| 8. If a C or in an Appli | CONTINUING APPLICATION, check appropriation Data Sheet under 37 CFR 1.76: | ate box, and s | upply the requisite inf | ormation below and ir | n a preliminary amendmen | t, |
| | | ation-in-par | t (CIP) of prior as | oplication No.: | 60/235616 & 60/241 | 656 |
| Prior application information: Examiner Group / Art Unit | | | | | | |
| For CONTIN | IUATION OR DIVISIONAL APPS only: The ent | ire disclosur | e of the prior applic | ation from which | an oath or declaration is | s supplied |
| reference. T | 5b, is considered a part of the disclosure of the incorporation can only be relied upon when | ne accompan a portion has | lying continuation of s been inadvertently | r divisional applicat omitted from the su | tion and is hereby incorp bmitted application parts | orated by s. |
| - | - III - I | | IDENCE ADDRE | | <u></u> | |
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| Custo | omer Number or Bar Code Label ; | | | or Co | rrespondence address bel | ow |
| | (Insert Custom | ner No. or Atta | ch bar code label her | θ) ' | | |
| Name | Rachel Polster | | | | | |
| | Pharmacia Corporation Patent Departmen | ıt | | | | |
| Address | 800 N. Lindbergh | | | | | |
| | Mail Zone 04E | | | | | |
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| Name | (Print/Type) Rachel A. Polster | | Registratio | n No. (Attorney/Agent, | 47,004 | 1 |
| Signa | Tracher 21 Tolster | 111 | | | 1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \rightarrow |
| Sigila | ture Rachel a. 7 | 02 | \leftarrow | Date | 09/26/01 | |

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FEE TRANSMIT for FY 2001

Patent fees are subject to annual revision.

Complete if Known Application Number Unknown Filing Date 09/26/01 Rogers et. al. First Named Inventor **Examiner Name** Unknown Group Art Unit Unknown

| TOTAL AMOUNT OF PAYMENT \$980.00 Attorney Docket No. SO 3391 US | | | | | | | | |
|--|--------|-----------------------------|----------|---------------|-------------|-------------------|--|----------|
| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | |
| The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | | Entity | IONA Small | Entity | ES | | |
| Deposit Account Number | | ee ode | (\$) | Fee Code | Fee (\$) | | Fee Description | Fee Paid |
| Deposit | | 105 127 | 130 | 205 | | | arge - late filing fee or oath | |
| Account Name | | | 50 | 227 | 25 | Surcha | arge - late provisional filing fee or cover | |
| Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 | | | 130 | 139 | | | English specification | |
| | | | 2,520 | 147 | | | ng a request for ex parte reexamination | |
| Applicant claims small entity status. See 37 CFR § 1.27 | | | 920* | 112 | 920* | Reque action | | |
| 2. Payment Enclosed: | | 113 | 1,840* | 113 | 1,840* | Reque action | | |
| Check Credit card Money Order | Other | 115 | 110 | 215 | 55 | Extens | sion for reply within first month | |
| FEE CALCULATION | | 116 | 390 | 216 | 195 | Extens | sion for reply within second month | |
| 1. BASIC FILING FEE | | 117 | 890 | 217 | 445 | Extens | sion for reply within third month | |
| Large Entity Small Entity | | 118 | 1,390 | 218 | 695 | Extens | sion for reply within fourth month | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) Fee | Paid | 128 | 1,890 | 228 | 945 | Extens | sion for reply within fifth month | |
| | 710.00 | 119 | 310 | 219 | 155 | Notice | of Appeal | |
| 106 320 206 160 Design filing fee | | 120 | 310 | 220 | 155 | Filing a | a brief in support of an appeal | |
| 107 490 207 245 Plant filing fee | | 121 | 270 | 221 | 135 | Reque | est for oral hearing | |
| 108 710 208 355 Reissue filing fee | | 138 | 1,510 | 138 | 1,510 | Petitio | n to institute a public use proceeding | |
| 114 150 214 75 Provisional filling fee | | | 110 | 240 | 55 | Petitio | n to revive - unavoidable | |
| SUBTOTAL (1) \$710.00 | | | 1,240 | 241 | 620 | Petitio | n to revive - unintentional | |
| 2. EXTRA CLAIM FEES | | 142 | 1,240 | 242 | 620 | Utility i | ssue fee (or reissue) | |
| Fee from _ | e Paid | 143 | 440 | 243 | 220 | Design | n issue fee | |
| Extra Claims below Fe Total Claims 16 -20** = 0 X = | 0.00 | 144 | 600 | 244 | 300 | Plant is | ssue fee | |
| Independent 2 - 3** - 0 X | 0.00 | 122 | 130 | 122 | | | ns to the Commissioner | |
| Claims 270.00 = | 270.00 | 123 | 50 | 123 | 50 | | ssing fee under 37 CFR § 1.17(q) | |
| Large Entity Small Entity Fee Fee Fee Fee Fee Description | | 126 | 180 | 126 | 180 | Submi: Statem | ssion of Information Disclosure nent | |
| Code (\$) Code (\$) | | 581 | 40 | 581 | 40 | Record (times | ding each patent assignment per property number of properties) | |
| 103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess | of 3 | 146 | 710 | 246 | 355 | | a submission after final rejection R § 1.129(a)) | |
| 104 270 204 135 Multiple dependent claim, if no | | 149 | 710 | 249 | 355 | | ch additional invention to be examined (R § 1.129(b)) | |
| 109 80 209 40 ** Reissue independent claim over original patent | ıs | 179 | 710 | 279 | 355 | | st for Continued Examination (RCE) | |
| 110 18 210 9 ** Reissue claims in excess o | f 20 | 169 | 900 | 169 | 900 | Reques of a de | st for expedited examination sign application | |
| and over original patent SUBTOTAL (2) \$27 | 70.00 | Othe | r fee (s | specify) | | | | |
| | | *Red | uced by | v Basic | Filina F | ee Pai | d SUBTOTAL (3) | |
| or number providesty paid, if greater, i or neissues, see above | | | | | | | | |
| SUBMITTED BY Complete (if applicable) | | | | | | | | |

(Attomey/Agent) Date 9/26/01

47,004

Telephone

636-737-5761

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Rachel A. Polster